

# TOWN OF SALEM

214 Main Street – PO Box 575 – Salem, NY 12865  
Ph. 518-854-3277 Fax. 518-854-3941

## APPLICATION TO ZONING BOARD OF APPEALS

Please return One (1) Original and Four (4) Copies of the completed Application and following required documentation to the Zoning Board of Appeals, Town of Salem, 214 Main Street, PO Box 575, Salem, NY 12865. This Application must be filled out completely with ALL questions answered and ALL required documents attached before the Zoning Board of Appeals can officially accept the application for processing. If this Application is incomplete or missing above required number of copies, it will be returned to you for completion or inclusion of the deficient information.

### REQUIRED DOCUMENTATION:

- Copy of Denial letter from the Town of Salem Code Enforcement Officer
- Copy of Deed
- Boundary Survey or Tax Map
- Agricultural Data Statement (as applicable)
- Agency Designation Form (as applicable)
- Site Plan (include as much detail as possible and all existing or proposed conditions on the property must be shown).
- Floor Plans and elevations of existing or proposed buildings (as applicable).
- Information related to the planned use and site, as applicable; site layout and dimensions, parking, site access, vehicular maneuvering, traffic, noise, lighting, landscaping, screening or buffers, fencing, water, sewer, utilities, cultural resources, endangered species or habitat, wetlands, flood plains, emergency services, fire safety, loading/unloading zones, alternatives, and etc.
- Other pertinent supporting documentation (as applicable)

DATE: \_\_\_\_\_

### Project Location and Information:

Number and Street Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Tax Map No: \_\_\_\_\_

Current Use of Property/Building: \_\_\_\_\_

### Property Owner Identification:

Name: \_\_\_\_\_

Is Owner same as Applicant  YES  NO\* (If No, please fill in Agent Identification).

Address of Owner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No. of Owner: \_\_\_\_\_ Email of Owner: \_\_\_\_\_

### Agent Identification

Name of Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No. of Agent: \_\_\_\_\_

Email of Agent: \_\_\_\_\_

**Description of Project:**

---



---



---



---



---



---

**TO THE ZONING BOARD OF APPEALS, Town of Salem, New York:**

I/We, \_\_\_\_\_, am/are the property owner or designated agent appearing on behalf of owner\* for property located at \_\_\_\_\_ in the Town of Salem Zoned District, hereby appeal, to the Zoning Board of Appeals, the decision of the Code Enforcement Officer on my/our Application for Site Plan Review, whereby the Code Enforcement Officer did deny full approval of my/our Site Plan Application based on non-compliance of the proposed building permit with Zoning Law (*Please enter the non-conforming Article and Section No. provided by the Code Enforcement Officer below*)

ARTICLE		SECTION	
ARTICLE		SECTION	
ARTICLE		SECTION	
ARTICLE		SECTION	
ARTICLE		SECTION	

Appeal is made herewith for (*please check those that apply*) \_\_\_\_\_ AREA VARIANCE \_\_\_\_\_ USE VARIANCE to the Zoning Law in keeping with Article VII, Section 7.32 – Variances.

**AREA VARIANCE (please complete this section if you are applying for an AREA VARIANCE)**

Please be advised that in making its determination the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted as balanced against the detriment to the health, safety, and welfare of the neighborhood or community. In making such determination, the Board shall consider:

1. Whether an undesirable change in the character of the neighborhood will be produced or a detriment to nearby properties will be created by granting of the area variance.
2. Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance.
3. Whether the requested variance is substantial.
4. Whether the proposed variance will have an adverse impact on the physical or environmental conditions in the neighborhood.
5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the Zoning Board of Appeals, but shall not preclude the granting of the area variance.

Taking into consideration the above regulations, please described the details of the variance applied for and the grounds on which it is claimed the variance should be granted.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**USE VARIANCE (please complete this section if you are applying for a USE VARIANCE)**

Please be advised that a USE Variance to allow, within a district, a use other than a permitted use or a use allowable by Special Use Permit may be granted by the Zoning Board of Appeals (*please refer to the Zoning Law for the Town of Salem, Article VII, Section 7.32 (2)*).

The details of the variance applied for and the grounds on which it is claimed that the variance should be granted are as follows:

- 1. Strict application of the Zoning Law would produce undue hardship because:  

---

---

---

---
- 2. The hardship created is unique and is not shared by all properties alike in the immediate vicinity of this property and in this use district because:  

---

---

---

---

---

---

3. The variance would observe the spirit of the zoning law and would not change the character of the district because:

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Applicant/Designated Agent Signature

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

SWORN TO BEFORE ME THIS \_\_\_ DAY

OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# TOWN /VILLAGE OF \_\_\_\_\_

Date \_\_\_\_\_

Application # \_\_\_\_\_

## **Agricultural Data Statement**

**Instructions:** This form must be completed for any application for a special use permit, site plan approval, use variance or subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner (if different from Applicant)

Name: _____ Address: _____ _____
--

Name: _____ Address: _____ _____
--

Type of Application: \_\_\_ Special Use Permit; \_\_\_ Site Plan Approval; \_\_\_ Use Variance;  
\_\_\_ Subdivision Approval

Description of proposed project: \_\_\_\_\_

Location of project: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map Number : \_\_\_\_\_

### **Check with your local assessor if you do not know the following:**

Is this parcel within an Agricultural District? \_\_\_ NO \_\_\_ YES

Agricultural District Number \_\_\_\_\_

Is this parcel actively farmed? \_\_\_ NO \_\_\_ YES

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ _____
Is this parcel actively farmed? Yes/No

Name: _____ Address: _____ _____
Is this parcel actively farmed? Yes /No

Name: _____ Address: _____ _____
Is this parcel actively farmed? Yes/No

Name: _____ Address: _____ _____
Is this parcel actively farmed? Yes/No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner  
(If other than applicant)

Reviewed by: \_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Date

**NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Board.**  
<http://www.co.washington.ny.us>

AGENCY DESIGNATION FORM

I, \_\_\_\_\_, the owner of Property in the Town of Salem, Washington County, New York, designate \_\_\_\_\_ whose address and phone number are \_\_\_\_\_, to act as representative and agent in connection with any proceeding between the Planning Board for Site Plan Review and/or to subdivide or rezone Real Property in the Town of Salem, Washington County, New York, and I grant to the said Representative and agent the authority to file applications, make representations and warranties as if they were my own, and in every respect act on my behalf. In making this designation, I understand that the verbal and written comments, utterances or statements made by my representative and agent shall be treated and considered as if they were made by me, and I shall be bound by such comments, utterances and statements as if I made them.

I make this agency, designation so that my personal appearance before any Governmental entity or Board for the Town of Salem is not necessary, and with the understanding that my designated representative and agent shall have total authority to represent my interests.

\_\_\_\_\_  
\_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>
			<b>YES</b>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>
			<b>YES</b>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	



<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

Project:

Date:

**Short Environmental Assessment Form  
Part 2 - Impact Assessment**

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project: \_\_\_\_\_

Date: \_\_\_\_\_

### *Short Environmental Assessment Form Part 3 Determination of Significance*

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (if different from Responsible Officer)